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FACSIMILE COVER SHEET

March 2, 2006

Receiver: U.S. Patent and Trademark Office; Examiner Song

TEL #: (571) 272-2359

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Sender: Susan W. Xu for Francis T. Kalinski II

Our Ref. No.: NSC1P271/P05589

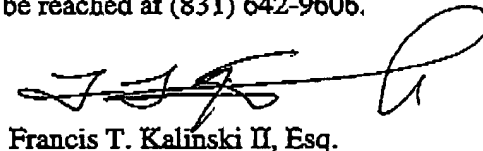
Re: Application No. 10/621,035

Pages Including Cover Sheet(s): (19)

MESSAGE:

Dear Examiner Song:

Please enter the attached documents into Serial No. 10/621,035. Please contact me if there are any questions or concerns. I can be reached at (831) 642-9606.



Francis T. Kalinski II, Esq.

CONFIDENTIALITY NOTE

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MAR 02 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: MAZOTTI et al.

Attorney Docket No.: NSC1P271/P05589

Application No.: 10/621,035

Examiner: SONG, Sarah U.

Filed: July 15, 2003

Group: 2874

Title: OPTO-ELECTRONIC MODULE FORM
FACTOR HAVING ADJUSTABLE OPTICAL
PLANE HEIGHT

Confirmation No.: 1188

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to fax number 571-273-8300 to the U. S. Patent and Trademark Office on March 2, 2006.

Signed: _____

Susan W. Xu

AMENDMENT C TRANSMITTALMail Stop RCB
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	28	MINUS	28	00	x 25 =	x 50 = 00
Independent Claims	03	MINUS	03	00	x 100 =	x 200 = 00
Multiple Dependent Claim Present and Fee Not Previously Paid						
Total					\$	\$00

- ☒ Applicant(s) hereby petition for a 02 month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. NSC1P271).

Respectfully submitted,
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